

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/49/577

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11	1	3				
12	1					
13		1				
14		0				
15		0				
16		0				
17		0				
18		0				
19		3				
20		0				
21		0				
22		0				
23	1					
24	1					
25		3				
26		3				
27						
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	44					
TOTAL CLAIMS	48					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS